

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 10/03/01?
- b. The request was received on 02/11/02.

## **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 03/27/02
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/08/02
  - b. HCFA's
  - c. Audit summaries/EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/03/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 04/04/02. The response from the insurance carrier was received in the Division on 04/10/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor:

- a. “On 10/3/01 we rendered service to the above named patient. The treating doctor performed procedure code 29826 and 23120. Procedure code 23120 was reduced by 50% by the insurance carrier. Per the operative report these procedures were performed by two separate incisions. Therefore procedure code 23120 should have been paid at 100%. We are looking for additional reimbursement of \$404.50.”

2. Respondent:

- a. “It is the Respondent’s position that its reimbursement of \$404.50 for this procedure was appropriate. Per the Medical Fee Guideline, page64, **SURGERY GROUND RULES, 1. Surgery Instructions, D. Multiple Procedures, b.ii. & b.iv.** the respondent’s reimbursement of 50% of the secondary procedure is correct. Per the MFG, reimbursement for a secondary procedure is at 50% when *b.ii.* ‘the secondary or subsequent procedures are not performed through the same incision but are related to the primary procedure.’ And *b.iv.* ‘the secondary or subsequent procedures are performed in a remote area, but are related to the primary procedure.’ In the instant case, the secondary procedure was related to the primary procedure even though performed through a separate incision and, per the MFG Surgery Ground Rules was reimbursed at 50% of the \$809.00 MAR or \$404.50 and no additional reimbursement is due.”

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/03/01.
2. The denial code on the EOB is F-“Fee Guidelines/Multiple procedure allowance.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
10/03/01	23120	\$809.00	\$404.50	F	\$809.00	MFG SGR (I)(D)(I)(a)	The procedure in dispute is not subject to the Multiple Procedure Rule, because it is unrelated to the primary procedure. The operative report states that there were three incisions. Two incisions were made for the arthroscopic exam and the third incision was made for the excising of the distal clavicle thus indicating two separate procedures. Therefore, additional reimbursement is recommended in the amount of \$404.50.
<b>Total</b>		\$809.00	\$404.50				The Requestor is entitled to additional reimbursement in the amount of <b>\$404.50</b> .

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$404.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 17<sup>th</sup> day of May 2002.

Michael Bucklin, LVN  
 Medical Dispute Resolution Officer  
 Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.